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APPLICATION NO	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO.			
10/790,003			i	Takahiro Shin				US3 DIV	9977	
			E FOR FEEDING AND	R FEEDING AND CUTTING A ROLLED TRANSFER PA						
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EXAMINER		ART UN		CI	LASS-SUBCLASS					
ASHLEY, BOYER DOLINGER			3724							
1. Change of correspond CFR 1.363).	dence address	s or indication of	of "Fee Address" (37		•	the patent front page	•	1	OBLON, SPIVAK,	
Change of corres	e of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  McCLFLAND, MAIER								
"Fee Address" in		registered attorney or agent) and the names of up to								
PTO/SB/47; Rev 03- Number is required	. Use of a Customer	2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME A	AND RESID	ENCE DATA T	O BE PRINTED ON T	THE PATENT (	(print o	or type)		·		
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  3/09/2005 SZEUDIE2 00000033 10790003										
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Advance Order -	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).									
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a. Applicant clair					b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
The Director of the USI NOTE: The Issue Fee a interest as shown by the	PTO is reques nd Publication records of the	sted to apply the on Fee (if requir ne United States	e Issue Fee and Publica ed) will not be accepted Patent and Trademark	tion Fee (if any) I from anyone of Office.	or to other th	re-apply any previonan the applicant; a i	ously paid issue for registered attorne	ee to the applic y or agent; or	cation identified above. the assignee or other party in	
Authorized Signature	letta Jr.			Date	MAR (	7 2005				
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